



**Application for
State Association Membership**

State Community Mediation Association Membership Application

The membership program is designed to build member capacity, strengthen mediator skills, and publicize the efforts of NAFCM members to a wide audience of key community leaders.

State Community Mediation Association Members are associations whose primary mission is to support community mediation programs that meet NAFCM characteristics.

Required Membership Renewal Information:

Contact Representative Name: _____

Organization Name: _____

Street Address: _____

City, State, Zip, Country: _____

Phone: _____ Fax: _____

Email: _____

Geographical Area Served: _____

State Community Mediation Association Membership Dues Grid:

Annual Budgeted Income	Annual Dues
\$0 - 24,999	\$25
\$25,000 - 49,999	\$50
\$50,000 - 149,999	\$150
\$150,000 - above	\$300

Membership is renewed on April 1st of each calendar year.

If your dues are \$150 or more, you may pay in two equal installments due April 1 and October 1.

Do you plan to pay in two installments? _____ yes _____ no _____ n/a

Membership dues are renewed each year. Please mail payment with form to:

National Association for Community Mediation

P.O. Box 44578

Madison, WI 53744-4578

(608) 845-9918 Email: nafcm@mailbag.com

Please make payment by check (US Dollars only) payable to: NAFCM

Membership dues are renewed each year. Please mail payment with form to:

National Association for Community Mediation

P.O. Box 44578

Madison, WI 53744-4578

(608) 845-9918 Email: nafcm@mailbag.com

Please make payment by check (US Dollars only) payable to: NAFCM